U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9787	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name MALCUM SALYERS	Name ELECTRICAL WORKERS IBEW AFL-CTO 688		
	Labor Organization File Number 038-074		
PO Box, Bldg , Room No , If any	P O Box, Building and Room Number, if any P.O. BOX 2831		
P O Box, Blog , Room No , II ally	P O Box, Building and Room Number, if any [P.O. BOX 2831		
Street 6955 PERRY TWP RD. 80	Street		
City BELLVILLE	City MANSFIELD		
State Ohio ZIP Code + 4 44813	State Ohio ZIP Code + 4 44906		
5 Position in labor organization TREASURER			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income		
Name			
Trade Name, if any			
tu same same same same same same same same			
P O Box, Bldg , Room No , If any			
Street	7 b Amount.		
	_ _		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
/7	section on penalties in the instructions ;		
Signed x Milcum Salyer	On S/12/05 Date Telephone Number		

Name of Person Filing MALCUM SALYERS	File Number 0-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c. Employer		
10 if 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received		
	12 b Amount		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name MANSFIELD AREA ELECTRICAL JOINT APPRENT. Trade Name, if any P O Box, Bldg , Room No , if any Street 67 SOUTH WALNUT STREET City MANSFIELD State Ohio ZIP Code + 4 44902	er parts A and B above)	ICAL JOINT	
13 b Is the Business an Employer X or Consultant ?	14 b Amount of payment.	\$3,912	